



COUNTY OF SAN LUIS OBISPO
Department of Agriculture/Weights and Measures

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RESTRICTED MATERIALS PERMIT CONDITION #6
METHYL BROMIDE SOIL FUMIGATION
Revised 07/22/2014

General Requirements

1. Property operators and Pest Control Businesses associated with the use of Methyl Bromide/Chloropicrin for Field Fumigations shall comply with the regulations found in the California Food and Agricultural Code (FAC), the California Code of Regulations (CCR), these Permit Conditions, the pesticide label and the Methyl Bromide Field Soil Fumigation Guidance Manual. The Methyl Bromide Field Soil Fumigation Guidance Manual is found at the Department of Pesticide Regulation website at:
<http://cdpr.ca.gov/docs/county/training/methbrom/mebrman.pdf>
2. It is the responsibility of both the property operator and pest control business (PCB) to comply with product label instructions, pesticide regulations and permit conditions. Failure to comply may result in an administrative penalty consisting of a fine to one or both parties. Where requirements differ, the more restrictive requirements shall apply.
3. The Fumigant Management Plan (FMP) must be completed by the supervising certified applicator prior to the application. It must be available, at the work site, while the application is performed.
4. The application block shall not exceed 40 acres in any 24 hour time period and fumigation methods must comply with conditions listed in **Table 1, Methyl Bromide Field Soil Fumigation Methods and Emission Ratios** (page 25). An *application block* is a field or portion of a field treated with a fumigant in any 24-hour period.
5. Do not apply when ambient air temperature reaches or exceeds 85°F.
6. **Additional conditions may be required by the Agricultural Commissioner and specified in supplemental permit conditions.**

Worksite Plan

1. The Worksite Plan and Worksite Plan Worksheet (plus other documents listed below) are part of the permit and must be submitted for evaluation at least 7 days prior to submitting a Notice of Intent to fumigate. Metallized tarps are not allowed in San Luis Obispo County. The applicator must have a copy of the approved Worksite Plan Worksheet and Map at the work site during the fumigation process. The fumigating property operator must retain control of the land through the completion of aeration. Do not deviate from the approved Worksite Plan.
2. The Worksite Plan shall include:
 - a. Worksite Plan Worksheet
 - b. Map
 - c. Initial Notification Log
 - d. General Notification Form
 - e. Tarp Repair and Response Plan
 - f. Tarp Management Plan

Worksite Plan Map

1. The permit applicant shall provide a map including the field and surrounding areas, and the location of neighboring properties within 300 feet of the perimeter of the Outer Buffer Zone (OBZ).
2. The map shall be numbered and labeled consistent with the **Initial Notification Log** (page 13).
3. The map must include the distances to all occupied structures and the following information when obtaining a permit:
 - a. An outline of the proposed application block(s) with block dimensions, acreage(s) and fumigation sequence (i.e. day 1 - 14 ac, etc)
 - b. Location of buffer zone edges and buffer zone dimensions (feet)
 - c. Approximate location of warning signs and Inner Buffer Zone (IBZ) signs
 - d. Roadways, rights-of-ways and sidewalks or other permanent walking paths
 - e. The location of wells within 100 feet of the perimeter of all application sites
 - f. Property lines of the parcel containing the fumigated property
 - g. Within ¼ mile of the fumigation site:
 - The location with a description of structures, bystander areas and all difficult to evacuate sites;
 - The locations and distances to sensitive areas such as lakes, waterways and wells

Initial Notification (see General Notification forms, pages 11 and 12)

1. The certified applicator supervising the fumigation and the operator of the property to be treated shall assure that operators of the following properties within 300 feet of the perimeter of the OBZ receive written notification, in both English and Spanish that a permit to use methyl bromide near their property has been issued by commissioner: properties that contain schools, residences, hospitals, convalescent homes, onsite employee housing or businesses, and other properties located within an Inner or Outer Buffer Zone.
2. The operator of the property to be treated shall assure that notification is delivered at least 7 days prior to submitting a Notice of Intent to fumigate.
3. Record the initial notification on the Initial Notification Log (page 13), cross-referencing the location of the property to the map and submit the log with a site map 7 days prior to submitting the NOI. This meets the Emergency Preparedness and Response Measures as outlined on product labeling. (For Specific Notification—not included with the Worksite Plan—see page 4.)
4. Specific notice shall be given to those who request it.

Tarp Repair & Response Plan (page 22)

1. The decision to repair the tarp shall be made by a certified applicator.
2. Treated areas to be repaired must have the air tested by the certified applicator wearing an SCBA in order to determine if the damage can be repaired by someone without wearing an SCBA. Air testing must be done using a direct detection device, such as a Drager tube. The treated area must have less than 1 ppm of methyl bromide and no sensory irritation is experienced before unprotected trained employees are allowed to enter to conduct tarp repair.
3. In the situation outlined above, employees are limited to tarp repair for up to 1 hour in a 24-hour period. If the air sample is between 1 ppm and 5 ppm, trained employees may enter wearing a full-facepiece air-purifying respirator to conduct tarp repair. The respiratory protection must be NIOSH-certified and

specifically recommended by the manufacturer for use in atmospheres containing 5 ppm or less methyl bromide.

4. If the methyl bromide concentration is greater than 5 ppm, the person conducting the repair must wear an SCBA.
5. Employees shall wear the required respiratory protection during the entire duration of the fumigation-handling activity.
6. All tears in the tarp that occur during fumigant injection must be repaired as they occur.

Tarp Management Plan (page 23)

1. Tarps that qualify for a reduction in buffer zone distance must not be perforated until a minimum of 9 days (216 hours) have elapsed after the application is complete, unless a weather condition necessitates early tarp perforation or removal as specified by the label.
2. The property operator of the fumigated property shall assure that tarp perforation for broadcast applications is completed before noon.

ALSO INCLUDED WITH THE WORKSITE PLAN

The following three (3) documents must be submitted for evaluation at least 7 days prior to submitting a Notice of Intent to fumigate.

Handler Workday/work hour limitations and respiratory protection (page 16)

1. Work schedules must be based on the days/hours worked, the work task, the respiratory protection used and other factors involved with the application.
2. Record the hours each employee is to work and submit the Work Hours Calculation Sheet with the Worksite Plan.

Buffer Zone Permission (pages 17 – 20)

1. When either an Inner Buffer Zone (IBZ) or Outer Buffer Zone (OBZ) extend onto another property, written permission from the adjoining property operator must be submitted to the Agricultural Commissioner's Office (CAC) 7 days prior to the NOI.

Vacating Agreements (page 21)

1. Signed vacating agreements may also be used to show that neighbors will vacate outbuildings, barns, shops, etc., as well as their own residences.
2. The fumigation applicator and the property operator shall insure there are no occupied structures in the OBZ (see Example 1, page 31).

Tarps

1. Non-tarp applications are not permitted in San Luis Obispo County.
2. Only tarps listed on the DPR approved list of manufacturers shall be used. Tarps that qualify for U.S. EPA buffer zone reduction credits are also approved for use with methyl bromide.
3. Tarps shall be buried under at least 4 inches of soil at the end of the rows.
4. Tarps are considered part of the application equipment and must be kept in good repair throughout the application.
5. Metallized tarps are not allowed to be used.

6. Tarps that qualify for a reduction in buffer zone distance must not be perforated until a minimum of 9 days (216 hours) have elapsed after the application is complete, and must not be removed until a minimum of 1 day (24 hours) after perforation, unless a weather condition necessitates early tarp perforation or removal as specified by the label.
7. Tarps other than those that qualify for a reduction in buffer zone distance must not be cut or perforated for a minimum of 5 days (120 hours), regardless of application method.

Notice of Intent (NOI)

1. The Notice of Intent must be completed and submitted on the form provided by 2:00 two days prior to the intended fumigation and must be approved by the County Agricultural Commissioner (CAC). The NOI must be on the attached form (page 10).
2. A site map, indicating the application block dimensions, buffer zone dimensions (feet), with approximate location of signs, and property lines of the parcel containing the fumigated property must be submitted with the NOI, unless previously submitted on the Worksite Plan.
3. Applications scheduled for Sunday or Monday must be submitted by 2:00 the previous Thursday for approval. Applications for Tuesday must be submitted by 2:00 the previous Friday.
4. Any change in the NOI, including but not limited to acreage, scheduling, or buffer zones, must be in writing for approval by the CAC, but the 48-hour waiting period may be waived by the commissioner.

Specific Notification

1. This notification shall be given, at least 48 hours prior to starting the fumigation, to the property operators of adjoining properties onto which the buffer zone(s) extend, to persons vacating residences, and to adjoining neighbors who have requested specific notice.
2. If a request for specific notification is received within 48 hours prior to the scheduled fumigation date, specific notice shall be provided, but the 48-hour requirement shall not apply.
3. The operator of the property to be treated shall assure that specific notification of the fumigation date, start time and anticipated expiration of the buffer zones be provided to such persons indicated in Item #1, above.
4. The Specific Notification shall be cross-referenced to the Worksite Plan map. Record the date and method the specific notice was given on the **Specific Notification Log** (page 14).
5. If no specific notification is required, indicate such on the Specific Notification Log.
6. The Specific Notification Log and the Buffer Zone Vacating Agreement (if applicable) must be submitted to the CAC with the NOI.

Application Restrictions near difficult to evacuate sites (including Pre-K to Grade 12 Schools, State Licensed Daycare Centers, Nursing Homes, Assisted Living Facilities, Hospitals In-Patient Clinics and Prisons)

1. All applications are prohibited if the difficult to evacuate site is occupied during the application and for 36 hours following the end of the application; within 1320 feet (1/4 mile) of difficult to evacuate sites when the buffer is greater than 300 feet or 660 feet (1/8 mile) when the buffer is equal to or less than 300 feet. **This restriction applies to schools when they are in session, scheduled to be in session and/or hosting public events at the school site while the buffer zone is in effect.** The commissioner will make the determination

whether this distance will be measured from the fumigation to a difficult to evacuate site's property line or occupied structure.

2. A school is defined as an institution for the instruction of children from kindergarten through high school. Also included are daycare centers and preschools, as defined in the Health and Safety Code section 1596.76. "Day care center" means any child day care facility other than a family day care home, and includes infant centers, preschools, extended day care facilities, and school age child care centers.
3. Day care centers and other difficult to evacuate sites are listed at the following website: https://secure.dss.cahwnet.gov/ccld/securenet/ccld_search/ccld_search.aspx. For example, select "child care center" as the facility type and the ZIP code, city, county or area code to find the names and addresses of the child care centers in a specific area.

Buffer Zones

1. All buffer zones must be included on the Worksite Plan.
2. Buffer zone restrictions shall begin at the start of the fumigation and remain in effect for at least 48 hours after the completion of the application to the application block.
3. All non-handlers, including field workers, residents, pedestrians, and other bystanders must be excluded from the Inner Buffer Zones (IBZ) and Outer Buffer Zones (OBZ) during the buffer zone period, except for certain activities in the OBZ approved by the commissioner.
4. For broadcast shank applications using any tarp that qualifies for a 60% or greater reduction in buffer zone distance the buffer zone period ends after the tarps have been removed from the application block (see Page 30 for alternative buffer zone expiration).
5. Regardless of the tarp utilized during the fumigation, none of the buffer zone credits described on any methyl bromide label can be used.
6. Buffer zones shall not contain occupied structures. All structures within the buffer zones shall be vacated and vacating agreements must be signed by the resident/property operator and submitted to the Agricultural Commissioner with the NOI. See vacating agreement (page 21).
7. Buffer zones shall not extend onto adjoining properties, unless written permission has been obtained from the adjoining resident/property operator and submitted to the Agricultural Commissioner with the NOI.

Inner Buffer Zones (IBZ)

1. IBZs must not include buildings used for storage (e.g., sheds, barns, garages) unless the storage buildings are not occupied during the buffer zone period and the storage buildings do not share a common wall with an occupied structure.
2. The IBZ shall be at least 30 feet and not include any household (residential and immediate environment, including landscape), industrial, or institutional property.
3. Inner Buffer Zones are not permitted to include bus stops or other locations where persons wait for public transit.
4. The fumigation applicator and the property operator shall assure that no persons are allowed within the IBZ except to transit by vehicle or bicycle or to perform fumigation-handling activities.

5. Non-handlers, including but not limited to fieldworkers, residents, pedestrians, lunch truck personnel and other bystanders shall be excluded from the Inner Buffer Zone during the buffer zone period.
6. Inner Buffer zones must not include publicly owned and/or operated areas such as parks, sidewalks, permanent walking paths, playgrounds and athletic fields unless:
 - The area is not occupied during the IBZ period;
 - Entry by non-handlers is prohibited during the IBZ period; and
 - Written permission to include the public area in the IBZ is granted by the appropriate state and/or local authorities responsible for management and operation of the area.
7. If applicable, the Inner Buffer Zone distance must be based on the combined acreage of the application blocks with overlapping methyl bromide Outer Buffer Zones (see Outer Buffer Zones, page 7).

Inner Buffer Zone Posting Requirements

1. Inner Buffer Zone posting requirements include label directions (and one exception) under the section "Posting Fumigant Buffer Zones".
2. The supervising certified applicator shall ensure that the Inner Buffer Zone around the treated field shall be posted with warning signs, no sooner than 24 hours prior to the start of the application.
 - a. The IBZ warning signs shall be placed along the outside perimeter of the Inner Buffer Zone; at all points of entry, corners and at intervals of every 200 feet.
 - b. If multiple contiguous blocks are fumigated within a 14 day period, the entire periphery of the contiguous blocks' Inner Buffer Zones may be posted.
 - c. The Agricultural Commissioner may allow exceptions to posting requirements as specified in the supplemental permit conditions.
3. The property operator shall maintain the posting of the Inner Buffer Zone while it is in effect and remove the signs within 3 days after the end of the Inner Buffer Zone period. If posting multiple contiguous blocks (Posting Requirements 2b. above), then the signs must remain posted until the last buffer zone period expires. The signs must be removed within 3 days after the buffer zone period for the last block has expired.
4. All IBZs must be posted whether they exist on the property under the control of the fumigating operator or on an adjoining agricultural property. IBZ posting shall be with signs every 200 feet and in accordance with CCR Section 6447.2.
5. The Agricultural Commissioner may allow exceptions to posting requirements as specified in the supplemental permit conditions.
6. The certified applicator supervising the application is responsible for maintaining these signs until the end of the application.
7. After the application, the operator of the treated property shall assure all warning signs remain legible and visible for the remainder of the IBZ period.

Outer Buffer Zones (OBZ)

1. All OBZs shall be a minimum of 100 feet (exception: Tarp/Shallow/Broadcast – see Table 3).
2. Outer Buffer Zones cannot overlap unless a minimum of 12 hours elapses from the time the earlier application(s) is complete until the start of the later application.

3. If at least 12, but less than 36 hours elapse from the time the earlier application(s) is complete until the start of the later application, the buffer zone distances must be recalculated based on the combined acreage of both application blocks.
4. The operator of the property to be treated shall assure that no persons are allowed within the OBZ except to transit by vehicle or bicycle, perform fumigation-handling activities, and commissioner-approved activities.
5. Outer Buffer Zones must not include residential areas, buildings, outdoor residential areas and other areas that people may occupy, unless the occupants provide written agreement prior to the application that they will voluntarily vacate the buffer zone during the entire buffer zone period, and reentry by occupants and other non-handlers must not occur until the buffer zone period has ended.
6. Outer Buffer Zones must not include publicly owned and/or operated areas such as parks, sidewalks, permanent walking paths, playgrounds and athletic fields unless:
 - The area is not occupied during the OBZ period;
 - Entry by non-handlers is prohibited during the OBZ period; and
 - Written permission to include the public area in the OBZ is granted by the appropriate state and/or local authorities responsible for management and operation of the area.
7. In no instance shall persons be allowed within the OBZ for more than 12 hours in a 24-hour period.
8. The OBZ shall not extend into properties that contain schools, convalescent homes, hospitals, and other similar sites determined by the commissioner.

Exposure Records

1. Exposure records shall be kept for all employees involved in application, aeration and tarp repair/ removal.
2. The records shall identify the person, date, work activity and duration, pesticide brand name and EPA Registration Number.
3. These records shall be maintained at a central location for 2 years [CCR §6784(b)(1)].
4. Employees who are supervisors, applicators, copilots, shovelers, persons performing tarp repair, and aeration activities prior to the completion of aeration are considered pesticide handlers.
5. Employers are required to comply with all worker safety regulations covering pesticide handlers, including but not limited to: pesticide safety training, hazard communication, decontamination facilities, emergency medical care posting and personal protective equipment.

Fumigant Treated Area (Warning) Signs

1. Prior to the beginning of the application but no sooner than 24 hours prior to the application, the applicator shall assure that Fumigant Treated Area signs are posted on each block to be fumigated.
2. The signs shall be posted at the corners of the fumigated field and at intervals not exceeding 600 feet and in accordance with CCR 6776(d).
3. The applicator is responsible for maintaining these signs until the end of the application.
4. After the application, the property operator shall assure all Fumigant Treated Area signs remain legible and visible and remove the signs within 3 days of the expiration of the Entry Restricted Period.

SUBMIT THE FOLLOWING DOCUMENTS:

- **NINE DAYS BEFORE THE APPLICATION** (7 days prior to submitting a Notice of Intent)
 1. **THE WORKSITE PLAN** and other documents shall be submitted simultaneously by the property operator, the authorized representative, or the pest control business:
 - A. ☐ **WORKSITE PLAN WORKSHEET** (page 9)
 - B. ☐ **MAP**
 - C. ☐ **COPY OF GENERAL NOTIFICATION FORM** (pages 11 and 12)
 - D. ☐ **TARP REPAIR & RESPONSE PLAN** (page 22)
 - E. ☐ **TARP MANAGEMENT PLAN** (page 23)
 2. **OTHER DOCUMENTS:**
 - A. **WORK HOUR CALCULATION SHEET** (page 16)
 - B. ☐ **INITIAL NOTIFICATION LOG** (page 13)
 - C. ☐ **WRITTEN PERMISSION** from adjoining property operators, if Inner (Agricultural only) or Outer Buffer Zone extends onto their property (pages 17 – 20)
 - D. ☐ **BUFFER ZONE VACATING AGREEMENT**, if the residence is within an OBZ, and the homeowner/resident has to leave during the fumigation (page 21)
- **TWO DAYS BEFORE THE APPLICATION:**
 - A. **NOTICE OF INTENT** (San Luis Obispo County form)
 - B. **RECOMMENDATION** (if the application is to be done by a PCB)
 - C. **SPECIFIC NOTIFICATION LOG** (cross-referenced to map; page 14)

RESTRICTED MATERIALS PERMIT CONDITION #6

METHYL BROMIDE SOIL FUMIGATION
Revised 07/22/2014

This permit condition is for Permittee:_____ Site:_____

Permittee _____ Date _____

Issuing Officer _____ Date _____

SAN LUIS OBISPO COUNTY
AGRICULTURAL COMMISSIONER'S OFFICE
The Work Site Plan must be submitted and approved prior to obtaining a permit.
METHYL BROMIDE WORKSITE PLAN WORKSHEET

Use this form for determining your Worksite Plan for your methyl bromide application. You must fill in all applicable spaces and submit a map showing all fumigation blocks, buffer zones and surrounding areas at least 300' beyond the Outer Buffer Zone. If information is omitted, the Worksite Plan will be denied. The Worksite Plan must be submitted and approved prior to obtaining a permit. If you require assistance with this form, please contact your local Agricultural Commissioner office.

Grower Name / Property Operator:		Property Operator Address:		Property Operator Phone Number:	
Grower Onsite Contact:		Onsite Contact Cell Phone:		Permit Number:	
Pest Control Business / Address:			Business Contact Name & Phone Number:		
MBr Formulation (%age):		Application Rate:		Latest Fumigation Date:	
Application Method & FFM Code (circle one -- see Table 1 for description of methods):		(3)(B)1 1103	(3)(B)2 1105	(5)(B) 1107	EPA Reg. No.
Emission Ratio:		Emission Rate:		Commodity:	
Type of Tarp:		Tarp Repair Plan Submitted: Y N		Tarp Management Plan Submitted: Y N	
Method of Notification: Copy of Notification: Y N		Date of Notification:		Properties notified: MAP ATTACHED: Y N LIST ATTACHED: Y N	
				IBZ POSTING ON OTHER PROPERTIES? Y N	

Please summarize your fumigation (you may use additional forms to show your fumigation schedule)

Day ¹	Date ¹	Starting Time	Site ID	Buffer Zone Overlap? (Y/N) ²	Acres	OBZ Distance	IBZ Distance	Distance to Closest Occupied Structure	Structures need to be vacated? (Y/N) ³	Buffer zone expiration Date/time	Description of Activities within Buffer Zones
				Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		IBZ: Transit by bike or vehicle; fumigation-handling activities OBZ: Same activities as IBZ, plus other commissioner-approved activities.
				Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
				Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
				Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
				Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		
				Y <input type="checkbox"/> N <input type="checkbox"/>					Y <input type="checkbox"/> N <input type="checkbox"/>		

¹ Indicate the day (e.g. Day 1, 3, 5) for the fumigation sequence. Calendar dates may be used (e.g. Oct 1, 3, 5), if known.

² If Outer Buffer Zones for two or more applications overlap after at least 12, but less than 36 hours from the time the earlier application(s) is complete until the start of the later application, the combined acreage of the application blocks must not exceed 40 acres and the buffer zone distances must be recalculated based on the combined acreage of both blocks.

³ Check the "Yes" box if the structure is required to be vacated **on the day of the application**.

Submitted by: _____ Date: _____

Received by: _____ Date: _____ Verified by _____ Date: _____ Date approved ☐ Date denied ☐

SAN LUIS OBISPO COUNTY
AGRICULTURAL COMMISSIONER'S OFFICE
METHYL BROMIDE NOTICE OF INTENT FOR SOIL FUMIGATION

This form is to be used for submitting a Notice of Intent (NOI) 48 hours prior to the application of methyl bromide. The NOI must adhere to the previously approved Worksite Plan.

PERMITTEE: _____ SITE ID: _____ COMMODITY _____

Permittee Address:								Permit Number:		
Applicator Business Name & Address:								Certified Applicator 24-hour Phone Number:		
Total Planted Acres:				Total Treated Ares:				Brand Name of Tarp:		
Name of Pesticide Product:				Pounds of Methyl Bromide (active) per acre:			EPA Reg. Number			Pest
Date	Starting Time	Block	Acres	Rate	Buffer Zone Duration	Outer Buffer Zone Distance	Inner Buffer Zone Distance	Buffer Zone Overlap*	Buffer Zone Permission Required	Vacating Agreement Required
								Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
								Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Submitted by: _____ Date: _____ Mobile Phone _____

Approved ☐ Denied ☐ By: _____ Date: _____

* If Outer Buffer Zones for two or more applications overlap after at least 12, but less than 36 hours from the time the earlier application(s) is complete until the start of the later application, the combined acreage of the application blocks must not exceed 40 acres and the buffer zone distances must be recalculated based on the combined acreage of both blocks (see Outer Buffer Zones, Item G).

Methyl Bromide Fumigation Notification

You have received this notice because your property is in an area that requires notification that a farmer near you will be applying a soil fumigant. This notice is to be delivered to you at least 9 days prior to the earliest fumigation date indicated below.

You may request specific notification about the exact date and time of the fumigation by calling the property operator's number below and giving/leaving your name, address and telephone number. This specific fumigation notification shall be provided to you 48 hours prior to starting the fumigation. If you request information within 48 hours of the beginning of the fumigation, you can still receive the specific information.

Date this notice was delivered: _____

Fumigating Property Operator (Grower), Address, Phone:

Fumigation Company (Applicator) Contact Person, Address, Phone:

To request more information about this farmer's fumigation(s) please contact:

Name: _____ at (805) _____

Location of the Application Blocks: _____ Fumigant Active Ingredient: methy bromide

Fumigant Brand Name _____ EPA Registration Number _____

The earliest and latest dates in which the fumigation is planned to take place (*must not range more than 4 weeks*):

Earliest: _____ Latest: _____

Early signs and symptoms of exposure to the fumigant(s) applied: _____

What you should do in an emergency: _____

Emergency Response Phone Number: 911

You can find additional information about fumigants by going to the following websites:

USEPA Soil Fumigant Toolbox: http://www.epa.gov/pesticides/reregistration/soil_fumigants

California Dept. of Pesticide Regulation: http://www.cdpr.ca.gov/docs/emon/methbrom/mb_main.htm

For information about the **permit** that has been issued to this farmer, please call the **San Luis Obispo County Agricultural Commissioner's Office** at:

810 W. Branch St.
Arroyo Grande, 93420
(805) 473-7090

2156 Sierra Way, Suite A
San Luis Obispo, 93401
(805) 781-5910

350 N. Main St.
Templeton, 93465
(805) 434-5950

Forma para Notificación General
Para distribución manual solamente
Notificación de Fumigación para Bromuro de Metilo

Usted ha recibido este aviso porque su propiedad está en un área que requiere notificación de que un agricultor cercano a usted va a aplicar un fumigante de suelo. Este aviso requiere que le sea dado por lo menos con 9 días antes de que se haga la primera fumigación, la cuál es indicada abajo.

Además, usted puede solicitar notificación específica acerca de la fecha y hora exacta de la fumigación llamando al teléfono del operador de la propiedad que aparece abajo. Usted necesita dar su nombre, dirección y número de teléfono. Si nadie contesta, deje un mensaje proveyendo su nombre, dirección y número de teléfono. Esta información va a ser proveída a usted 48 horas antes del inicio de la fumigación si usted la solicita con suficiente tiempo (48 horas ó más) de anticipación.

Fecha en que este aviso fue entregado: _____

Dirección y Número de Teléfono del Operador de la Propiedad que se va a Fumigar:

Persona de Contacto: _____ Teléfono: _____

Dirección: _____

Para información adicional acerca de la fumigación de este agricultor, por favor contacte a:

Nombre: _____ al () _____

Localización de los bloques a fumigarse: _____

Ingrediente Activo del Fumigante: ____ Bromuro de Metilo _____

Marca del Fumigante _____ Número de Registración de EPA _____

La primera fecha y última fecha de la fumigación:

Primera fecha: _____ Ultima fecha: _____

Primeros síntomas y señales de exposición al fumigante(s) aplicado(s):

Que debería hacer en una emergencia: _____

What you should do in an emergency: _____

Teléfono de Respuesta en Caso de Emergencia: 911

Usted puede encontrar información adicional acerca de fumigantes en las páginas de internet que se muestran a continuación.

USEPA Soil Fumigant Toolbox: http://www.epa.gov/pesticides/reregistration/soil_fumigants

California Dept. of Pesticide Regulation: http://www.cdpr.ca.gov/docs/emon/methbrom/mb_main.htm

Para información acerca del permiso que se ha expedido a este agricultor, por favor llame al Comisionado de Agricultura del Condado de San Luis Obispo.

810 W. Branch St.
Arroyo Grande, 93420
(805) 473-7090

2156 Sierra Way, Suite A
San Luis Obispo, 93401
(805) 781-5910

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(805) 434-5950

SAN LUIS OBISPO COUNTY

METHYL BROMIDE APPLICATION

INITIAL NOTIFICATION LOG

You must give Initial Notification that a methyl bromide permit has been or will be issued to surrounding properties that contain schools, residences, hospitals, convalescent homes, onsite employee housing, or businesses when the property line is within 300 feet of the outer buffer zone of your fumigation. Please list the properties that received this notification and properties or persons from whom you will need to obtain buffer zone permission or vacating agreements.

FUMIGATING PROPERTY OPERATOR: _____ Site ID: _____

PROPOSED FUMIGATION DATES: earliest date of fumigation: _____ latest date of fumigation: _____
(dates must not range more than 4 weeks):

Number on Map	Surrounding Property Address or Location or Description of Property	Date of Initial Notification	Specific Notification Requested / Required		List of Required Buffer Zone Permission or Vacating Agreements		
			Y	N			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IBZ	<input type="checkbox"/> OBZ	<input type="checkbox"/> Vacating

SAN LUIS OBISPO COUNTY METHYL BROMIDE APPLICATION SPECIFIC NOTIFICATION LOG

In addition to the Initial Notification given to surrounding properties containing a structure, specific notice of the details of the application must be given 48 hours prior to fumigation to:

- 1. Adjoining property operators onto which a buffer zone extends (those property operators from whom you received permission slips)**
- 2. Persons who request it.**
- 3. Those persons who must vacate an occupied structure.**

This specific notice must include the date and time of fumigant application and the expected expiration of the buffer zones on that property. It may be given by telephone, hand delivered flyer or in person. Please indicate below, the date the specific notice was given, how it was given, and the date of the expiration of the buffer zones for each block fumigated.

[illegible]

Fumigation Handling Activities. No employee may work in excess of the hours listed in Tables A or B. Employee-hour restrictions must be followed during the entire injection through the end of the restricted entry period. An employee may work in more than one work task and/or fumigation method in a 24 hour period, as long as the employee's total work hours do not exceed the lowest total hours specified in the tables below for any one work task or fumigation method performed.

***Employees must wear the respiratory protection for the entire time they are inside the Inner Buffer Zone. When determining an employee's work hours, use one of the Tables A or B. Employees shall not switch between different respiratory protection and work hour requirements for 30 days.

Maximum Work Hours: An employee may work without work hour restriction if a full-face respirator is worn during the entire time the employee is inside the Inner Buffer Zone.

Table A: Maximum Work Hours when working more than 3 days in a calendar month w/ a ½ face respirator. See the superscript for provisions for working more than 3 days a month without a respirator.

Fumigation Method/Activities	Max Work Hrs. in 24 Hrs w/1/2 Face Respirator	Max App. Rate (active ingredient)
TARP/ BROADCAST (DEEP OR SHALLOW)		400 lbs.
Tractor Equip. Driving	7 [†]	
Shoveling, Copiloting, Supervising	3 [†]	
Tarp Cutting	10 ¹	
Tarp Removal	no limitation ²	

(Note: Methods not used in San Luis Obispo County are not included on this table. Please see CCR §6447.3 for a complete list of Methyl Bromide Fumigation Methods.)

¹Exception: An employee may perform this activity without a ½ face respirator for 1 hour a day. That may be increased according to the formula on the next page when using less than the maximum rate.

²Exception: An employee may perform this activity without a ½ face respirator for 3 hours a day. That may be increased according to the formula on the next page when using less than the maximum rate.

Table B: Maximum Work Hours when working 3 days or less per calendar month without using a respirator.

Fumigation Method/Activities	Max Work Hrs. in 24 Hrs w/o Respirators	Max App. Rate (active ingredient)
TARP/ BROADCAST (DEEP OR SHALLOW)		400 lbs.
Tractor Equip. Driving	4 [†]	
Shoveling, Copiloting, Supervising	3 [†]	
Tarp Cutting	4 ¹	
Tarp Removal	7	

[†] If the actual methyl bromide application rate is less than the maximum application rate shown in either **Table A** or **Table B** for the particular fumigation method used, the maximum work hours may be increased in accordance with the following formula:

Maximum application rate x Maximum work hours = Revised work hours
Application MBr A.I. rate* (in a 24-hour period) (in a 24-hour period)

- To calculate the Application MBr A.I. (active ingredient) rate, use the following formula:

Application Rate of Product (MBr + pic) x Percentage (expressed as a decimal) of MBr in product

(For example: 212 pounds/ac of 67/33 x 0.67 = 142 pounds of actual MBr applied per acre)

Work Hours Calculation Sheet

Record the information for your fumigation below:

Yes No

Will the **Pest Control Business** employees be working more than 3 days in the calendar month? ☐ ☐

Will the **Grower** employees be working more than 3 days in the calendar month? ☐ ☐

Check which respiratory protection your employees will be using for the specified handling activity:

<u>PEST CONTROL BUSINESS EMPLOYEES</u>						
Task	Hours Allowed	Respiratory Protection Used			Any Adjustments (Calculations)	Adjusted Hours Allowed
		None	Half Face	Full Face		
Pilot/Applicator						
Copilot						
Supervisor						
Shoveler						
Tarp Cutting						
Tarp Removing						
<u>GROWER EMPLOYEES</u>						
Task	Hours Allowed	Respiratory Protection Used			Any Adjustments (Calculations)	Adjusted Hours Allowed
		None	Half Face	Full Face		
Pilot/Applicator						
Copilot						
Supervisor						
Shoveler						
Tarp Cutting						
Tarp Removing						

Permission for Methyl Bromide INNER BUFFER ZONE to Extend onto Adjoining Property

INNER BUFFER ZONE The Inner Buffer Zone may only extend into adjoining property if the adjoining property is agricultural and permission is granted by the adjoining property operator. The Inner Buffer Zone shall be in effect for 48 hours after the application is complete.

I give my permission for the **INNER** Buffer Zone of _____'s (fumigating permittee) fumigation to extend onto my property.

I agree to the following:

1. I will allow signs to be placed on my property at all usual points of entry, along likely routes of approach from areas where people not under the fumigating property owner's control may approach the buffer zone, and along the Inner Buffer Zone boundaries at intervals not to exceed 200 feet.
2. I will be responsible to keep my employees and other persons out of the buffer zone that is on my property for the duration of the buffer zone. I understand persons may transit through the Inner Buffer Zone only by vehicle or bicycle.
3. I will notify my employees who are working on the property that a methyl bromide buffer zone has been established on my property. I will inform my employees of the specific date and time of the start of the fumigation and the anticipated expiration of the buffer zone. I understand this includes notifying employees of a farm labor contractor working on my property and other persons likely to enter.

The fumigating property operator must notify you at least 48 hours before the fumigation of the specific date and time of the start of the fumigation and the anticipated expiration of the buffer zone.

I understand that I am not obligated to give my permission. I acknowledge that a fine may be levied against me and/or my business if permission is given and I fail to keep people out of the Inner Buffer Zone as agreed.

I agree to be responsible to keep my employees, employees of contractors I hire, and other persons out of the buffer zone that is on my property for the duration of the buffer zone. I will do this by *(describe how you will keep employees out of the buffer zone):* _____

I acknowledge that I have read and understand these requirements and agree to comply with them.

Adjacent Property Operator _____ Date _____
Print Name

Adjacent Property Operator _____ Title _____
Signature

Adjacent Property Location _____

Adjacent Property Onsite Supervisor Name & Phone Number:

Permiso para extender la ZONA DE AMORTIGUAMIENTO INTERNA de Bromuro de Metilo en una propiedad contigua.

ZONA DE AMORTIGUAMIENTO INTERNA: La Zona de Amortiguamiento Interna puede extenderse solamente en una propiedad contigua si la propiedad contigua es agrícola y si el operador o dueño de dicha propiedad ha concedido permiso.

Yo doy mi permiso para que la Zona de Amortiguamiento INTERNA de la fumigación de _____ (fumigador autorizado) sea extendida en mi propiedad.

Yo estoy de acuerdo en:

1. Permitir el uso de letreros de aviso en mi propiedad en todos los puntos usuales de entrada y a lo largo de posibles rutas de aproximamiento desde áreas donde gente que no está bajo el control del operador de la propiedad fumigada puede acercarse a la zona de amortiguamiento. La localización de estos últimos letreros estarán colocados a un intervalo no mayor de 200 pies.
2. Ser responsable por mantener fuera de la zona de amortiguamiento, a mis empleados y otras personas que estén en mi propiedad durante la duración de la zona de amortiguamiento. Yo entiendo que personas pueden transitar a través la Zona de Amortiguamiento Interna solamente en vehículo (incluyendo bicicleta).
3. Notificar a mis empleados que estén trabajando en la propiedad que una zona de amortiguamiento que ha sido establecida en mi propiedad. Yo voy a informar a mis empleados de la fecha específica y el tiempo del comienzo de la fumigación y la fecha anticipada de la expiración de la zona de amortiguamiento. Yo entiendo que esto incluye notificar a los empleados de contratistas de trabajo agrícola que estén trabajando en mi propiedad y otras personas con probabilidad de entrar.

El operador de la propiedad siendo fumigada debe ser notificado por lo menos con 48 horas antes de la fecha y hora específica del comienzo de la fumigación y la expiración anticipada de la zona de amortiguamiento.

Estoy de acuerdo que soy responsable de mantener a mis empleados, empleados de mis contratistas y otras personas fuera de la zona de amortiguamiento que está en mi propiedad por la duración de dicha zona de amortiguamiento. Yo voy a hacer lo siguiente: (describa como usted va a mantener empleados fuera de la zona de amortiguamiento) _____

Yo reconozco que he leído y entendido estos requisitos y estoy de acuerdo en cumplirlos.

Operador de la Propiedad Contigua: _____ Fecha _____

Letra de molde

Operador de la Propiedad Contigua: _____ Título _____

Firma

Dirección de la Propiedad Contigua: _____

Nombre & Número de teléfono del Supervisor de sitio que trabaja en la Propiedad Contigua: _____

Permission for Methyl Bromide OUTER BUFFER ZONE to Extend onto Adjoining Property

OUTER BUFFER ZONE The Outer Buffer Zone may extend into other properties with permission from the property operators. The Outer Buffer Zone cannot contain occupied houses nor extend onto properties that have schools, convalescent homes, hospitals or other similar sites identified by the commissioner. The Outer Buffer Zone shall be in effect for 48 hours after the application is complete.

I give my permission for the **OUTER** Buffer Zone of _____'s (fumigating permittee) fumigation to extend onto my property.

I agree to the following:

1. I will be responsible to keep all persons out of the buffer zone except to transit by vehicle or bicycle or to perform the following activities: _____.
I agree that none of these activities will last for more than 12 hours in any 24 hour period.
2. I will notify my employees who are working on the property that a buffer zone has been established on the property. I will inform employees of the specific date and time of the start of the fumigation and the anticipated expiration of the buffer zone. I understand this includes my employees and those employees of a farm labor contractor working on my property.

The fumigating property operator must notify you at least 48 hours before the fumigation of the specific date and time of the start of the fumigation and the anticipated expiration of the buffer zone.

I understand that I am not obligated to give my permission. I acknowledge that a fine may be levied against me and/or my business if permission is given and I fail to keep people out of the Outer Buffer Zone as agreed.

I acknowledge that I have read and understand these requirements and agree to comply with them.

Adjacent Property Operator _____ Date _____

Print Name

Adjacent Property Operator _____ Title _____

Signature

Adjacent Property Location _____

Adjacent Property Onsite Supervisor Name & Phone Number:

Número de Mapa: _____

Permiso para extender la ZONA DE AMORTIGUAMIENTO EXTERNA de Bromuro de Metilo

ZONA DE AMORTIGUAMIENTO EXTERNA: La Zona De Amortiguamiento Externa puede extenderse a otras propiedades con el permiso de los operadores de esas propiedades. La Zona de Amortiguamiento Externa no puede contener casas habitadas, ni extenderse a propiedades que tengan escuelas, hogares convalecientes, hospitales, u otros sitios similares identificados por el Comisionado de Agricultura.

Yo doy mi permiso para que la Zona de Amortiguamiento EXTERNA de la fumigación de _____ (fumigador autorizado) sea extendida en mi propiedad.

Yo estoy de acuerdo en lo siguiente:

1. Ser responsable por mantener a todas las personas fuera de la zona de amortiguamiento excepto al tránsito a través de vehículos (incluyendo bicicletas) ó para las siguientes actividades: _____

Yo estoy de acuerdo que ninguna de estas actividades durará más de 12 horas en un periodo de 24 horas.

2. Que voy a notificar a mis empleados que están trabajando en la propiedad de una zona de amortiguamiento ha sido establecida en mi propiedad. Yo voy a informar a mis empleados de la fecha específica y el tiempo del comienzo de la fumigación y la fecha anticipada de la expiración de la zona de amortiguamiento. Esto incluye notificar a los empleados de un contratista de trabajo agrícola que esté trabajando en mi propiedad.

El operador de la propiedad, responsable de la fumigación, debe notificarle a usted por lo menos 48 horas antes de la fumigación de la fecha específica y tiempo del comienzo de la fumigación y la fecha anticipada de la expiración de la zona de amortiguamiento.

Operador de la Propiedad Contigua: _____ Fecha _____

Letra de molde

Operador de la Propiedad Contigua: _____ Titulo _____

Firma

Dirección de la Propiedad Contigua: _____

Nombre & Número de teléfono del Supervisor de sitio que trabaja en la Propiedad Contigua:

**SAN LUIS OBISPO COUNTY
BUFFER ZONE VACATING AGREEMENT**

The operator of the farming property is responsible to keep a buffer zone free of occupied structures around the fumigant applications listed below. Your home/business lies within the proposed buffer zone, and the grower/fumigator is requesting that you vacate for the indicated length of time. **If you do not agree to vacate, do not sign this form** and the grower/fumigator will adjust the fumigation plan so that your home/business will not be in the buffer zone.

Due to scheduling details and field conditions, the exact date of the application may change. The grower (or their representative) shall notify you at least 48 hours in advance of the starting date and time of the application and the anticipated expiration of the buffer zone. **If the fumigation does not begin as scheduled, you will be re-notified.**

Vacancy is required during the fumigation plus (check one):

- ☐ **an additional 48 hours** (for methyl bromide, metam sodium, metam potassium, or chloropicrin)
- ☐ **an additional 7 days** (for 1,3-dichloropropene)

Name of fumigant permit holder (grower)_____

Name of person providing vacating agreement (print)_____

Signature of person providing vacating agreement _____

Address (or location) of home/business to be vacated _____

If you agree, your home/business will be within the buffer zone, starting between (earliest date)____ and (latest date)__(dates must not range more than 4 weeks).

TO THE RESIDENT:

DO NOT SIGN THIS VACATING AGREEMENT UNLESS ALL BLANKS HAVE BEEN COMPLETED.

I have agreed to move out of my home/business **1) during the fumigation and 2) to remain out for (check one) ☐ 48 hours ☐ 7 days** after the completion of the application. **I understand I am not obligated to vacate my premises for the fumigation(s). I acknowledge that a fine may be levied against me and/or my business if I fail to vacate my premises as agreed.** I have read and understand these requirements and agree to comply with them.

Name: (print)_____ Date:_____

Name: (sign)_____ Phone Number:_____

*All information must be complete and correct.
An incomplete or incorrect Vacating Agreement may delay the application.*

Methyl Bromide Tarp Repair & Response Plan for Broadcast Applications

This worksheet must be completed and becomes a condition of your methyl bromide permit. The operator of the property shall maintain this tarpaulin repair response plan.

During the fumigation injection, the tarp will be repaired by:

<i>Name of Company <u>and</u> person</i>	<i>Certification</i>	<i>Phone</i>
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Tears in the tarp that occur after fumigant injection must be repaired in accordance with the specific plan stated below.

After the fumigation injection, the tarp will be repaired by:

<i>Name of Company <u>and</u> person</i>	<i>Certification</i>	<i>Phone</i>
--	----------------------	--------------

Schedule for Checking Tarps (How many times a day): _____

Testing Device type used to measure air concentrations: _____. If you do not own a testing device, you must obtain the use of one before fumigation begins.

Decisions for repairing the tarp will be based on the following:

1. Hazard to the public, residents or workers (How near to the field will people, residents or workers be who may be affected?).
2. Proximity to occupied structures (Are there houses w/in the OBZ? How close?).
3. Size of the damaged area (How big is the rip in the tarp?).
4. Timing of the damage relative to the time of injection (When did the rip occur?).
5. Feasibility and response time of repair (What factors might prevent or delay tarp repair?).
6. Environmental factors such as wind speed and direction.

Example Wording (please tailor your plan specifically for your field and fumigation:

Rips/holes in tarps caused by rain, hail, wind, animals or dirt/field conditions, greater than 6 inches, will be repaired in the first 2 days when there are people who might reside or work in the Inner or Outer Buffer Zone areas. The repairs will be made upon detection unless high winds or rain/hail cause a delay and the tarp will be checked four times during working hours.

Please describe the specific situations when you will repair the tarp:

Tarp Management Plans

*****The fumigating property operator is responsible for the fumigated ground after the injection is completed, until the Entry Restricted Period is over*****

Broadcast Method Tarp Removal Plan

As part of the plan, tarps must not be perforated until a minimum of 5 days (120 hours) have elapsed after the application is complete. Tarps that qualify for a reduction in buffer zone distance must not be perforated until a minimum of 9 days (216 hours) have elapsed after the application is complete, unless a weather condition necessitates early tarp perforation or removal as specified by the label. Only mechanical methods, such as an all-terrain vehicle or a tractor with a cutting wheel, shall be used; each panel shall be perforated lengthwise. Employees must not be allowed to use hand-tools, such as shovels or knives, to perforate the tarpaulins. Tarp perforation must be completed before noon. The work hours for employees perforating and removing tarps are limited. (See Work Hours Calculation and Tables A and B, page 15.)

Person Responsible for Tarp Removal: _____

Method or Equipment Used to Perforate Tarps: _____

STANDARD TARPS:

Tarp Perforation & Removal (check one):

- ☐ Tarps will be both perforated and removed more than 14 days after application

Entry Restricted Period: _____

- ☐ Tarps will be perforated at a minimum of 5 days; removed more than 14 days after application

Entry Restricted Period: _____

- ☐ Tarps will be perforated at a minimum of 5 days; removed less than 14 days after application

Entry Restricted Period: _____

TARPS THAT QUALIFY FOR A REDUCTION IN BUFFER ZONE DISTANCE:

Tarp Perforation & Removal (check one):

- ☐ Tarps will be both perforated and removed more than 14 days after application

Entry Restricted Period: _____

- ☐ Tarps will be perforated at a minimum of 9 days; removed more than 14 days after application

Entry Restricted Period: _____

- ☐ Tarps will be perforated at a minimum of 9 days; removed less than 14 days after application

Entry Restricted Period: _____

Sample Accident Response Plan

What to do in case of accidental spill or release of methyl bromide

Employees who work with methyl bromide must be trained in the procedures to follow in case of an accidental spill or release of methyl bromide. If the release or threatened release poses a significant present or potential hazard to human or environmental health and safety, call 911 and County Environmental Health 781-5544. If after business hours, call County Sheriff Dispatch 781-4550.

This form lists standard emergency procedures and may be attached to the Fumigant Management Plan (FMP). Specific information (Evacuation routes, Telephone Numbers, etc.) must be indicated on the FMP.

Potential Hazards

Health Hazards

- ♦ Poisonous: may be fatal if inhaled, and harmful if swallowed or absorbed through the skin.
- ♦ Contact may cause burns to skin and eyes.
- ♦ Contact with liquid may cause frostbite.
- ♦ Clothing frozen to skin should be thawed before being removed.

Fire

- ♦ Methyl bromide is considered nonflammable, but can ignite with a high energy source of ignition. Containers may rupture violently if exposed to fire or excessive heat for sufficient time.
- ♦ Fire fighting equipment: Wear self-contained breathing apparatus in positive pressure mode and appropriate protective clothing.

Emergency Action

- ♦ Evacuate immediate area if cylinder begins to leak or methyl bromide is accidentally released.
- ♦ Keep unnecessary people away, isolate hazard area and deny entry.
- ♦ Stay upwind and out of low areas.
- ♦ Use positive pressure Self Contained Breathing Apparatus (SCBA) to immediately isolate the leak/spill area for at least 150 feet in all directions, and to take any possible corrective action, like closing a valve, or repairing a damaged hose.
- ♦ With significant releases, evaluate wind conditions and the possible need to evacuate neighbors.
- ♦ If possible, place leaking cylinder or equipment under the tarp to slow the rate of methyl bromide release.
- ♦ Do not permit entry into spill/leakage area by unprotected persons until the concentration of fumigant is 5 ppm or less, as measured by a direct detection device, such as a Drager tube.

First Aid

- ♦ While wearing an SCBA, move victim to fresh air and call emergency medical care; if not breathing, give artificial respiration; if breathing is difficult, give oxygen.
- ♦ In case of contact to eyes, immediately flush eyes with water for 15 minutes.
- ♦ In case of skin contact with material, remove affected clothing and wash with soap and water.
- ♦ Remove and isolate contaminated clothing and shoes at the site.
- ♦ Effects may be delayed. Keep victim under observation.

Accidental releases may occur in the pesticide storage area due to faulty cylinder valves. Train all your employees in emergency procedures.

TABLE 1.**METHYL BROMIDE FIELD SOIL FUMIGATION METHODS AND EMISSION RATIOS**

Each methyl bromide fumigation must conform to all requirements specific to a Fumigation Method listed below. An applicator may not "mix-and-match" the requirements of two or more fumigation methods. Equipment and fumigation requirements are described in section 6447.3(a). Non-tarped fumigations are prohibited in San Luis Obispo County.

Section 6447.3(a)	Fumigation Method & FFM Code	Injection Type	Injection Depth (in.)	Injection Spacing (in.)	Tractor Implements	Dilution Fan	Max Rate (lbs./ac)	Emission Ratio
3(B)1	Tarp/Shallow/Broadcast 1103	Horizontal V- shaped blades	10 - 15	12 or Less	None	Yes	400	0.25
3(B)2	Tarp/Shallow/Broadcast 1105	Rearward chisel	10 - 15	12 or less	Closing shoes, compaction roller	No	400	0.80
5(B)1	Tarp/Deep/Broadcast 1107	Forward chisel	20+	66 or less	None	Yes	400	0.25
5(B)2	Tarp/Deep/Broadcast 1107	Forward chisel	20+	66 or less	Closing shoes, compaction roller	No	400	0.25

TABLE 2

OUTER BUFFER ZONE DISTANCES (FEET) FOR FIELD SOIL FUMIGATION,
EXCEPT METHOD SECTION 6447.3(a)(3)(B)(1) at less than 10 acres and 235 lbs of methyl bromide.

- Select the appropriate "Acreage" in the left-hand column.
- Select the appropriate "Emission Rate" from the top row.
- Read the buffer zone distance where the "Acreage" row and the "Emission Rate" column intersect.

Emission Rate (pounds/acre-day)

Acres	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100
1	100	100	100	100	100	100	100	100	110	110	110	120	130	140	150
2	100	100	100	100	100	100	110	120	130	150	160	170	190	210	230
3	100	100	100	100	100	100	120	140	160	180	200	230	250	270	290
4	100	100	100	100	100	110	140	160	190	220	240	270	300	330	350
5	100	100	100	100	110	120	150	180	210	250	280	310	340	370	400
6	100	100	100	100	120	140	170	210	240	270	310	340	370	410	440
7	100	100	100	100	130	160	190	230	260	300	330	370	410	440	480
8	100	100	100	110	140	180	210	250	280	320	360	400	440	480	510
9	100	100	100	120	150	190	230	270	300	340	380	420	470	510	550
10	100	100	100	120	160	200	240	280	320	370	410	450	500	540	580
11	100	100	100	130	170	210	260	300	340	390	430	480	520	570	620
12	100	100	110	140	180	220	270	310	360	410	450	500	550	600	650
13	100	100	110	150	190	230	280	330	380	430	480	530	580	630	680
14	100	100	110	160	200	240	290	340	390	440	500	550	600	660	710
15	100	100	120	160	210	250	300	350	410	460	520	570	630	680	740
16	100	100	120	170	210	260	310	370	420	480	540	590	650	710	770
17	100	100	130	180	220	270	330	380	440	500	550	610	670	730	790
18	100	100	130	180	230	280	340	390	450	510	570	630	700	760	820
19	100	100	140	190	240	290	350	410	470	530	590	650	720	780	840
20	100	100	140	190	240	300	360	420	480	540	610	670	740	800	870
21	100	100	150	200	250	310	370	430	490	560	620	690	760	820	890
22	100	100	150	200	260	320	380	440	510	570	640	710	780	850	920
23	100	110	160	210	270	330	390	450	520	590	660	730	800	870	940
24	100	110	160	210	270	330	400	470	530	600	670	750	820	890	960
25	100	110	170	220	280	340	410	480	550	620	690	760	840	910	980
26	100	120	170	220	290	350	420	490	560	630	710	780	860	930	1000
27	100	120	170	230	290	360	430	500	570	650	720	800	870	950	1000
28	100	120	180	240	300	370	440	510	580	660	740	810	890	970	1100
29	100	130	180	240	310	370	450	520	600	670	750	830	910	990	1100
30	100	130	180	250	310	380	450	530	610	690	770	850	930	1000	1100
31	100	130	190	250	320	390	460	540	620	700	780	860	950	1000	1100
32	100	140	190	260	320	400	470	550	630	710	800	880	960	1000	1100
33	100	140	200	260	330	400	480	560	640	730	810	900	980	1100	1200
34	100	140	200	270	340	410	490	570	650	740	820	910	1000	1100	1200
35	100	140	200	270	340	420	500	580	660	750	840	930	1000	1100	1200
36	100	150	210	270	350	420	510	590	680	760	850	940	1000	1100	1200
37	100	150	210	280	350	430	510	600	690	770	870	960	1000	1100	1200
38	100	150	210	280	360	440	520	610	700	790	880	970	1100	1200	1300
39	100	150	220	290	360	440	530	620	710	800	890	990	1100	1200	1300
40	100	150	220	290	370	450	540	630	720	810	900	1000	1100	1200	1300

TABLE 2
OUTER BUFFER ZONE DISTANCES (FEET) FOR FIELD SOIL FUMIGATION,
EXCEPT METHOD SECTION 6447.3(a)(3)(B)(1) at less than 10 acres and 235 lbs of methyl bromide.
(CONTINUED)

- Select the appropriate number of "Acres" in the left-hand column.
- Select the appropriate "Emission Rate" from the top row.
- Read the buffer zone distance where the "Acres" row and the "Emission Rate" columns intersect.

Acres	Emission Rate (pounds/acre-day)														
	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175
1	170	180	190	200	210	220	240	250	260	270	280	290	300	310	320
2	240	260	280	290	310	330	350	360	380	390	410	430	440	460	470
3	320	340	360	380	410	430	450	470	490	510	530	550	570	590	610
4	380	410	430	460	490	510	540	560	590	610	640	660	690	710	730
5	430	460	490	520	550	580	610	640	670	700	720	750	780	810	830
6	480	510	540	580	610	640	670	700	740	770	800	830	860	890	920
7	520	550	590	620	660	690	730	760	800	830	860	900	930	960	990
8	550	590	630	670	710	750	780	820	860	890	930	960	1000	1000	1100
9	590	630	670	710	760	800	840	870	910	950	990	1000	1100	1100	1100
10	630	670	720	760	800	840	890	930	970	1000	1000	1100	1100	1200	1200
11	660	710	760	800	850	890	940	980	1000	1100	1100	1200	1200	1200	1300
12	700	750	800	840	890	940	990	1000	1100	1100	1200	1200	1300	1300	1300
13	730	780	830	880	930	980	1000	1100	1100	1200	1200	1300	1300	1400	1400
14	760	820	870	920	970	1000	1100	1100	1200	1200	1300	1300	1400	1400	1500
15	790	850	900	960	1000	1100	1100	1200	1200	1300	1300	1400	1400	1500	1500
16	820	880	940	990	1000	1100	1200	1200	1300	1300	1400	1400	1500	1500	1600
17	850	910	970	1000	1100	1100	1200	1300	1300	1400	1400	1500	1500	1600	1600
18	880	940	1000	1100	1100	1200	1200	1300	1400	1400	1500	1500	1600	1600	1700
19	910	970	1000	1100	1200	1200	1300	1300	1400	1400	1500	1600	1600	1700	1700
20	930	1000	1100	1100	1200	1200	1300	1400	1400	1500	1500	1600	1700	1700	1800
21	960	1000	1100	1200	1200	1300	1300	1400	1500	1500	1600	1700	1700	1800	1800
22	980	1100	1100	1200	1300	1300	1400	1400	1500	1600	1600	1700	1800	1800	1900
23	1000	1100	1100	1200	1300	1400	1400	1500	1500	1600	1700	1700	1800	1900	1900
24	1000	1100	1200	1200	1300	1400	1500	1500	1600	1700	1700	1800	1800	1900	2000
25	1100	1100	1200	1300	1300	1400	1500	1600	1600	1700	1800	1800	1900	1900	2000
26	1100	1200	1200	1300	1400	1400	1500	1600	1700	1700	1800	1900	1900	2000	2100
27	1100	1200	1300	1300	1400	1500	1600	1600	1700	1800	1800	1900	2000	2000	2100
28	1100	1200	1300	1400	1400	1500	1600	1700	1700	1800	1900	1900	2000	2100	2100
29	1200	1200	1300	1400	1500	1500	1600	1700	1800	1800	1900	2000	2100	2100	2200
30	1200	1300	1300	1400	1500	1600	1600	1700	1800	1900	1900	2000	2100	2200	2200
31	1200	1300	1400	1400	1500	1600	1700	1800	1800	1900	2000	2100	2100	2200	2300
32	1200	1300	1400	1500	1500	1600	1700	1800	1900	1900	2000	2100	2200	2200	2300
33	1200	1300	1400	1500	1600	1700	1700	1800	1900	2000	2100	2100	2200	2300	2400
34	1300	1300	1400	1500	1600	1700	1800	1900	1900	2000	2100	2200	2200	2300	2400
35	1300	1400	1500	1500	1600	1700	1800	1900	2000	2000	2100	2200	2300	2400	2400
36	1300	1400	1500	1600	1700	1700	1800	1900	2000	2100	2200	2200	2300	2400	2500
37	1300	1400	1500	1600	1700	1800	1900	1900	2000	2100	2200	2300	2400	2400	2500
38	1300	1400	1500	1600	1700	1800	1900	2000	2100	2100	2200	2300	2400	2500	2500
39	1400	1500	1500	1600	1700	1800	1900	2000	2100	2200	2300	2300	2400	2500	2600
40	1400	1500	1600	1700	1800	1800	1900	2000	2100	2200	2300	2400	2500	2500	2600

TABLE 3
OUTER BUFFER ZONE DISTANCES (FEET) FOR FUMIGATION METHOD
SECTION 6447.3(a)(3)(B)1 TARPAULIN/SHALLOW/BROADCAST ("NOBEL PLOW") FIELD SOIL
FUMIGATION

WHERE APPLICATION BLOCKS ARE:

- 1. 10 ACRES OR LESS and**
- 2. APPLICATION RATES OF 235 POUNDS PER ACRE OR LESS**

Acres	OBZ in San Luis Obispo County
1	60
2	60
3	60
4	60
5	60
6	60
7	70
8	80
9	90
10	100

* Use Table 2 to determine buffer zones acreage larger than listed on this table.

Fumigations using rates greater than 235 pounds per acre are determined using Table 2.

TABLE 4
INNER BUFFER ZONE DISTANCES (FEET) FOR FIELD SOIL FUMIGATION

- Select the appropriate "Acreage" in the left-hand column.
- Select the appropriate "Emission Rate" from the top row.
- Read the buffer zone distance where the "Acreage" row and the "Emission Rate" columns intersect.

Emission Rate (pounds/acre-day)

Acres	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200
1	30	30	30	30	40	50	60	70	80	90	100	120	130	140	150
2	30	30	40	50	60	70	90	100	120	140	150	170	190	210	230
3	30	30	50	60	80	100	120	140	160	180	200	220	250	270	290
4	30	40	60	70	100	120	140	170	190	220	240	270	300	320	350
5	30	40	60	90	110	130	160	190	220	250	280	310	340	370	400
6	30	50	70	100	120	150	180	210	240	270	310	340	370	410	440
7	30	50	80	100	130	160	200	230	260	300	330	370	400	440	480
8	40	60	80	110	140	180	210	250	280	320	360	400	430	470	510
9	40	60	90	120	150	190	230	260	300	340	380	420	460	510	550
10	40	70	100	130	160	200	240	280	320	360	410	450	490	540	580
11	40	70	100	140	170	210	250	300	340	380	430	480	520	570	620
12	50	70	110	140	180	220	270	310	360	400	450	500	550	600	650
13	50	80	110	150	190	230	280	330	370	420	470	520	580	630	680
14	50	80	120	160	200	240	290	340	390	440	490	550	600	650	710
15	50	80	120	160	210	250	300	350	410	460	510	570	630	680	740
16	50	90	130	170	210	260	310	370	420	480	530	590	650	710	760
17	60	90	130	170	220	270	320	380	440	490	550	610	670	730	790
18	60	90	130	180	230	280	340	390	450	510	570	630	690	750	820
19	60	100	140	190	240	290	350	400	460	530	590	650	710	780	840
20	60	100	140	190	240	300	360	420	480	540	600	670	740	800	870
21	60	100	150	200	250	310	370	430	490	560	620	690	760	820	890
22	70	110	150	200	260	310	380	440	500	570	640	710	780	850	910
23	70	110	160	210	260	320	390	450	520	590	650	730	800	870	940
24	70	110	160	210	270	330	390	460	530	600	670	740	820	890	960
25	70	110	160	220	280	340	400	470	540	610	690	760	840	910	990
26	70	120	170	220	280	350	410	480	550	630	700	780	850	930	1000
27	80	120	170	230	290	350	420	490	570	640	720	800	870	950	1000
28	80	120	170	230	300	360	430	500	580	660	730	810	890	970	1100
29	80	130	180	240	300	370	440	520	590	670	750	830	910	990	1100
30	80	130	180	240	310	380	450	530	600	680	760	850	930	1000	1100
31	80	130	190	250	310	390	460	540	620	700	780	860	950	1000	1100
32	80	130	190	250	320	390	470	550	630	710	790	880	960	1000	1100
33	90	140	190	260	330	400	480	560	640	720	810	890	980	1100	1200
34	90	140	200	260	330	410	490	570	650	740	820	910	1000	1100	1200
35	90	140	200	270	340	420	500	580	660	750	840	930	1000	1100	1200
36	90	140	210	270	350	420	500	590	680	760	850	940	1000	1100	1200
37	90	150	210	280	350	430	510	600	690	780	870	960	1000	1100	1200
38	90	150	210	280	360	440	520	610	700	790	880	970	1100	1200	1200
39	90	150	220	290	360	440	530	620	710	800	890	980	1100	1200	1300
40	100	150	220	290	370	450	540	630	720	810	900	1000	1100	1200	1300

TABLE 5: BUFFER ZONE DURATION (HOURS) FOR FIELD SOIL FUMIGATION

For broadcast shank applications using any tarp that qualifies for a 60% or greater reduction in buffer zone distance , as indicated in the methyl bromide portion of U.S. EPA's tarp-credit website
<http://www.epa.gov/pesticides/tarpcredits> :

- a. The buffer zone period ends after the tarps have been removed from the application block.
- b. As an alternative to (a) above, two buffer zone periods may be established where the first buffer zone period begins at the start of the application and lasts for a minimum of 48 hours after the application is complete. The second buffer zone period begins when the tarps are perforated and ends after the tarps have been removed from the application block.

All other buffer zone durations are given in the tables below.

TABLE 5A:

Tarp/Deep/Broadcast – Section 6447.3(a)(2)

	Application Rate (pounds per acre)										
Acres	150	175	200	225	250	275	300	325	350	375	400
1 - 10	48	48	48	48	48	48	60	60	60	60	60
11 - 20	48	48	48	48	48	60	60	60	60	60	60
21 - 30	48	48	48	60	60	60	60	60	60	60	84
31 - 40	48	48	48	60	60	60	60	60	60	60	84

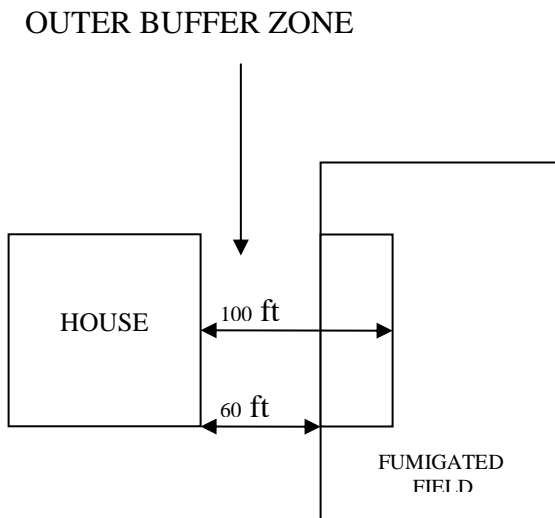
TABLE 5B:

Tarpaulin/Shallow/Broadcast – Section 6447.3(a)(3)

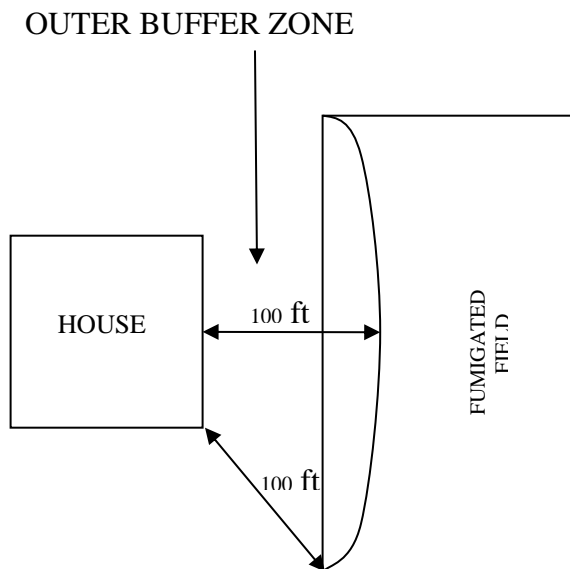
	Application Rate (pounds per acre)										
Acres	150	175	200	225	250	275	300	325	350	375	400
1 - 10	48	48	48	48	48	48	48	48	48	48	48
11 - 20	48	48	48	48	48	48	48	48	48	60	60
21 - 30	48	48	48	48	48	48	48	60	60	60	60
31 - 40	48	48	48	48	48	48	48	60	60	60	60

EXAMPLE 1
OUTER BUFFER ZONE EXAMPLE
(with 100 foot required Outer Buffer Zone)

NOTE: The relationship of the Outer Buffer Zone to occupied residences is similar to the relationship of the Inner Buffer Zone to non-agricultural properties.



INADEQUATE OUTER BUFFER ZONE
Buffer is a notch, with the corners in line with the corners of the occupied residence. This results with the corners of the occupied residence not being the required distance from the fumigated field.



ADEQUATE OUTER BUFFER ZONE
Buffer extends beyond the corners of the occupied residence. This results with all portions of the occupied residence being an adequate distance from the fumigated field.